

PART B - FEE(S) TRANSMITTAL

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7590 05/04/2009

KOHN & ASSOCIATES
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30500 Northwestern Highway
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I hereby certify that this Fee(s) Transmittal is being deposited in the United States Postal Service with sufficient postage and is being mailed in an envelope addressed to the U.S. Patent and Trademark Office at the above address being a facsimile transmitted to the USPTO at (703) 273-2885 on the date indicated below.

James F. Kamp
[Signature]
December 4, 2009

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,715	02/13/2002	Michael Chopp	1059.00073	9739

TITLE OF INVENTION: NITRIC OXIDE DONORS FOR INDUCING NEUROGENESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/04/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
GEMBEH, SHIRLEY V	1618	514-310000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-09 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (prior to type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Henry Ford Health System

Detroit, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0013 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: *[Signature]*

Date December 4, 2009

Typed or printed name: James F. Kamp

Registration No. 41,882

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